

Older Adults

The Centers for Disease Control and Prevention (CDC) defines older people as persons ages 50 and over. This categorization was originally selected because 50 years was considered the upper age range for HIV infection (Linsk, 2000). According to Fox-Serman (2005), "The number of AIDS cases and HIV infections among older adults continues to increase as people of all ages survive longer due to advanced drug therapies." In Virginia, one-quarter (26%) of people diagnosed with AIDS in 2006 were 50 years and older. In 2005, the rate of HIV/AIDS among older men (11.7 per 100,000) was three times the rate of women (3.9 per 100,000) (Figure 1). Older adults are infected with HIV the same way as younger people. Among older people in Virginia, 25% of diagnosed cases of HIV/AIDS in 2006 reported a risk of infection as heterosexual contact, followed by men having sex with men (21%) and injection drug use (10%).

HIV/AIDS affects older adults differently than younger adults. The following list was compiled by the University of North Carolina Center for Aging and Health (UNC, 2006).

- Adults age 50 and older have less knowledge than the general population about HIV/AIDS (Strombeck and Levy, 1998).
- Older adults are less likely to take precautions when they engage in behaviors that put them at risk for HIV infection (Stall and Catania, 1994, Maes and Louis, 2003).
- Older adults have an increased number of comorbid conditions which are not related to their HIV infection.(Skiest et al, 1996). Comorbid conditions may delay diagnosis and complicate treatment.
- Older adults have not been the target of HIV/AIDS prevention efforts (Strombeck and Levy, 1998) and are less likely to be screened and receive early intervention .
- Lieberman (2000) reported that older adults are less likely to request a test and that their physi-



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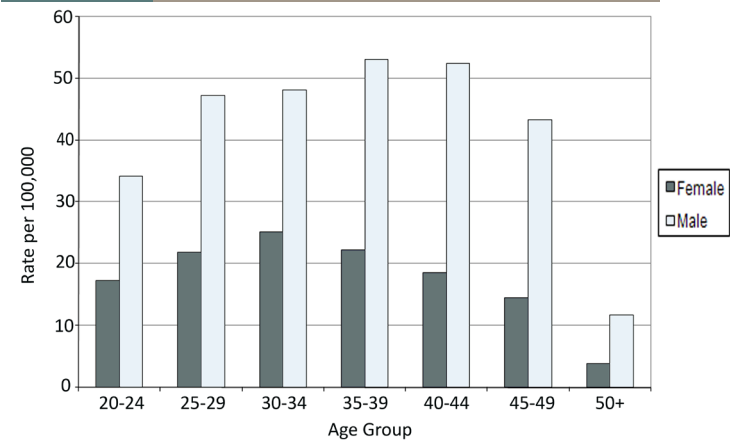


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- Diagnosis is delayed because the symptoms are mistaken for other diseases or aging (Chaio et al, 1999).
- Older adults develop AIDS faster after becoming HIV+ than young adults and children (Lieberman, 2000).
- Older adults with AIDS are at greater risk than younger adults for opportunistic infections (Chaio et al, 1999).
- Older adults are more likely to experience an “aggressive” course of illness. They “deteriorate more rapidly” than younger adults, possibly because “diagnosis is more difficult and infections are more severe, harder to treat, tend to progress more rapidly, and are associated with greater morbidity”(Lieberman, 2000).
- Older adults are more likely to be stigmatized and lack social support. Linsk (2000) described this as a feeling of marginalization “similar to the effects of age discrimination for people over age 50 seeking work.”

Age specific HIV prevention messages that target older Americans are necessary. According to Ory, Zablotsky and Crystal (1998), a “dedicated effort is needed to identify older people’s AIDS-related risk behaviors and to develop educational approaches and preventive strategies for modifying any risky behavior.”

Figure 1 HIV/AIDS rates by age group and sex (2005)



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